

E3Z Child Care Expansion Grant Application Grant Summary

This grant program is being offered as part of the national Race to the Top – Early Learning Challenge Grant initiative. The intent of the program is to implement Early Learning best practices and involvement in a concentrated and concerted way to ensure a productive start in life through success in kindergarten and beyond. We hope to significantly expand access to high quality early learning and development programs within Georgia's four Early Education Empowerment Zones through the distribution of these grants.

A set amount of funding is not guaranteed for any program, but amounts will be based on community need and rank in scoring. Priority will be given to those with significant increases in service for ages 0-3 years, with demonstrated ability to provide high-quality services for this age group. Priority will be given to programs requesting no more than \$100,000 for the entire length of the grant term. However, if extenuating circumstances warrant, applicants should include a prioritized ranking for projects should the requested amount exceed \$100,000 and also provide compelling reasons why the additional support is being requested.

DCA and DECAL review panels have the discretion to modify requested grant amounts.

Throughout the application, you are only able to enter data in certain cells, which are colored gray. Where dropdown menus are available, they must be used.

Round 4 Application Deadline: September 16, 2016 – 5:00 P.M.

To be eligible for E3Z funds, you must:

- currently operate or plan to open a child care facility in one of the following Georgia counties: Athens-Clarke, Bibb, Brooks, Catoosa, Colquitt, Cook, Echols, Gilmer, Gordon, Murray, Lowndes, or Whitfield;
- priority consideration for Round 4 will be given to Catoosa, Gilmer, Gordon, Murray & Whitfield Counties; however, applicants in all eligible counties are encouraged to apply
- create at least 2 net new full-time positions;
- increase the number of infant/toddler spaces by at least 15% over your current service level or 10 new slots, whichever is greater;
- postmark or hand-deliver a complete application by the date above;
- comply with all the conditions stated in this Grant Summary;
- agree to provide all necessary paperwork required in a timely fashion (incomplete paperwork WILL result in a delay of processing drawdown requests);
- submit quarterly progress reports highlighting the expenditure of funds, project accomplishments, and problems encountered regarding the implementation of this project;
- agree that the awarded funds will be administered on a reimbursement basis. The total award amount will not be disbursed up front, but will require adequate documentation to support the drawdown request;
- ensure that the items for which you are funded are expended consistent with the purpose of the grant; and
- agree to participate in Quality Rated, Georgia's Quality Rating and Improvement System, as soon as your facility has opened or completed expansion efforts AND to aim for the highest level of quality within one year's time.

Instructions for Completing Required Grant Forms

E3Z Salary Schedule

The Salary Schedule is required for all applicants.

The Salary Schedule form is in Excel format and should be used to show each of the positions to be added that will be working with children 0-3 years of age, regardless of whether you intend to apply for salary subsidies. For each position, please include a description of the role, what level of training you will seek to hire, the rate that you intend to pay, the anticipated start date for this individual, and whether you intend to apply for a salary subsidy. Repeat for additional positions.

It is understood that you may not know the level of training for individuals that will apply for employment. Use your best judgment as to what is realistic for your circumstances. If you think that you will hire a Technical Certificate holder, indicate that.

Based upon the training and wages you indicate that you intend to pay, the document will show you the positions that are potentially eligible for a subsidy – and the maximum amount of subsidy for which you may be eligible for each position.

Remember, you are only able to enter information into cells that are gray in color.

Salary Subsidy Note: Salary subsidies will be reimbursed based upon the amount actually paid to the person taking care of children 0-3 years of age and the training level of that individual. Pay stubs and a copy of that individual's degree/certificate will be required before reimbursement of subsidies is made. If personnel changes during the grant performance period, the subsidy can be provided to that individual's replacement, provided that the replacement meets the eligibility criteria for one of the levels and appropriate wages are paid.

The entire amount of the employee's salary will not be reimbursed. While not exact, you can estimate that for employee's possessing the following credentials, the reimbursement will be roughly the amount noted below:

- *Technical Certificate – approximately \$2.40/hour*
- *Associate's Degree – approximately \$2.88/hour*
- *Bachelor's Degree – approximately \$3.36/hour*

Form 1

Company Legal Name – The name that is on your incorporation documents and your tax return.

d/b/a Name – If you are doing business using any name other than your Legal Name, insert it here. If you are using your Legal Name, enter “N/A”

Company Address – where your business is legally registered

Project Address – physical location of the facility for which you are requesting grant funding

County in which the child care facility operates/will operate – Grant funds are only available in these counties: Athens-Clarke, Bibb, Brooks, Catoosa, Colquitt, Cook, Echols, Gilmer, Gordon, Murray, Lowndes, and Whitfield counties. Please select your county from the drop-down menu.

For 1-star programs, will you go through Quality Rated within 15 months – Please select from the drop-down menu. This is required for 1-star facilities. However, there is no requirement for 2- or 3-star facilities. They may enter “N/A”.

Type of facility for which you are seeking grant funding assistance? Please select from the drop-down menu. The facility should either be classified as a private or non-profit facility.

License # (if applicable) – If you are currently operating a facility, please enter your Bright from the Start license #. If not, please enter “N/A.”

If no current license – If you are not currently operating a child care facility at the project address, please enter your Bright from the Start license # from other addresses. If not, please enter “N/A.”

CAPS Subsidy – Please select from the drop-down menu as to whether you agree to serve children with a CAPS Subsidy at your facility.

Current Level Quality Rated – Please enter your current Quality Rated level in the space provided.

Will this project be for a New Facility or Expanded Facility – Please select from the dropdown menu whether this project will allow you to operate a new facility or expand your current facility.

Person Authorized to Sign Contracts – Name & Title of Person Authorized to sign Contracts, Award Documents, and Reports on behalf of the Applicant should grant funds be awarded. (All award documents and post-award communication will go to this person.)

Contact Information for Person Authorized to Sign Contracts – Please provide complete contact information for this individual. Incomplete information may result in necessary correspondence being delayed or not delivered.

Application Point of Contact – Please provide the name of the person who is responsible for completing this application, which may or may not be the same as the person authorized to sign contracts on behalf of the applicant. Should additional information be required, or clarification needed, this individual will be contacted to provide supplemental information to the application.

Contact Information for the Application Point of Contact – Failure to provide complete contact information for the Application Point of Contact may result in application being disqualified.

Federal Tax ID Number – Provide the Federal Tax ID # for the entity applying for grant funding.

DUNS Number – This grant requires that recipients have a DUNS Number. Please enter your DUNS Number here. If you do not currently have a DUNS Number, go to <https://fedgov.dnb.com/webform/pages/CCRSearch.jsp> or call 866-705-5711.

Total Project Cost – This number will automatically populate when you fill out the budget page. *You will not be able to enter an amount in this field.*

E3Z Grant Funds Requested – This number will automatically populate when you fill out the budget page. *You will not be able to enter an amount in this field.*

Authorized Signature – This should be the owner, franchisee, or representative who is authorized to sign on behalf of the company. By signing, you certify that the information presented is true and correct, to the best of your knowledge. Willful misrepresentation may result in prosecution.

Form 2

Form 2 is only necessary if you are applying for funding to assist with equipment costs.

Award of equipment funds may be used for activities that support Quality Rated Standard 2, Child Health and Physical Activity, or a project aiding quality improvement based on ERS.

Durable materials and equipment MAY be purchased with award funds. For example:

- *Shelving units;*
- *Cribs;*
- *Age appropriate quality children's scissors, paintbrushes, or art easels;*
- *Age appropriate sand and water table for indoor or outdoor use;*
- *Educational materials to support children's learning; and*
- *Age appropriate equipment to support physical activity such as portable basketball hoop, balls, riding toys, etc.*

Consumable materials MAY NOT be purchased with award funds. For example,

- *Food items;*
- *Paper plates, cups, tissue, paper towels, etc.;*
- *Paper, crayons, paint, play dough, etc.; and*
- *Sand for sand and water tables.*

Technology MAY NOT be purchased with award funds.

Permanent/anchored outdoor play structures MAY NOT be purchased with award funds.

Award funds MAY NOT be used for venue rental fees for activities or events.

Award funds MAY NOT be used to purchase door prizes for activities or events.

Are you applying for Equipment Funding? – Please select from the drop-down menu. This form is only required if you seek funding for equipment that is consistent with the above requirements.

Total Estimated Equipment Cost associated with the Project – Please enter the estimated cost of ELIGIBLE equipment associated with this grant. Cost estimates should have supporting documentation attached to the application. For example, quotes from appropriate vendors with a price and an expiration date for that quote are acceptable forms of documentation. Additionally, advertised prices from vendor publications are acceptable forms of documentation.

Total amount of grant funding you are requesting for equipment – You may request the entire amount of your equipment needs. However, as the intent of the program is to produce greater results with limited grant funding, applications with lower percentages of grant funding requested for equipment costs compared to total equipment purchased will be scored higher.

Describe the equipment (in detail) that you intend to purchase with this grant – Please be as detailed as possible in describing the equipment that you are seeking to purchase with grant funding, including the intended age group for the equipment and intended use. Applications with the most detail, incorporated use of GELDS and/or ERS indicators will receive higher scoring for this element.

Information explaining why the equipment is necessary to the operation of your facility – Please explain why the equipment you are purchasing is necessary. If it is new equipment, please tell us why that equipment is now necessary. If it is replacing equipment, explain the age/condition or other factors that necessitate its replacement (you may include photographs). Applications demonstrating a clearer explanation of the need will receive higher scoring for this element.

Form 3

Form 3 is required of all applicants.

Form 3 has been revised for this round of applications to be simpler for applicants to complete and understand.

Salary subsidies are available to assist facilities increase the qualification of personnel working with children from birth-3 years of age. Only staff positions working full-time with children from birth-3 years of age are eligible for this subsidy. The full amount of the subsidy is not reimbursed, just a portion of the wages.

Funding is available to subsidize higher rates of pay for salary members for the grant performance period. Facilities must pay the minimum rate required (as determined by DECAL), but are able to pay at rates above that threshold. Facilities receiving funding are expected to retain those employees at rates at or above the minimum pay rate required after the performance period expires.

The subsidy amount increases based upon the higher level of qualification of the employee. Grant recipients will be required to provide documentation of the employee's qualifications prior to drawing down any grant funds, in addition to the most recent paystub(s) showing hourly rates and hours worked for the specified time periods.

Salary subsidies may be reimbursed on a monthly basis. Should personnel changes occur during the grant period, a replacement of staff by an equally qualified person is permissible, and documentation of the new employee's qualifications must be provided. Subsidy will be pro-rated and reimbursed for only the portion of the quarter that individuals the specified training levels worked with children ages 0-3 years.

Programs that hire Infant and Toddler professionals with the following credentials and increased rate of pay will be required to participate in professional development opportunities offered by the Department of Early Care and Learning.

A table indicating the requirements of the Salary Subsidy grant funds is shown below.

| <u>Level of Training</u> | <u>Required Minimum Pay Rate</u> | <u>Maximum Subsidy/Teacher</u> |
|------------------------------|----------------------------------|--------------------------------|
| CDA or Technical Certificate | \$9.50/hour | \$5,000/year |
| Associate's Degree | \$10.00/hour | \$6,000/year |
| Bachelor's Degree | \$10.50/hour | \$7,000/year |

Are you applying for salary subsidy assistance? – This field will automatically populate when you complete the “Salary Schedule” form. You will not be able to enter data into this field.

Number of Net New Jobs being created at facility – This field will automatically populate when you complete the “Salary Schedule” form. You will not be able to enter data into this field.

Number of jobs for which you are requesting salary assistance – This field will automatically populate when you complete the “Salary Schedule” form. You will not be able to enter data into this field.

Number working with 0-3 – Of those individuals you intend to hire, how many will be responsible for working directly with children aged 0-3.

Will all new positions be for 0-3 years – Please select from the drop-down menu. Please select “Yes” or “No”.

Estimated # of NEW positions for employees - While it is impossible to know the specific applicants your facility may have to fill qualified teaching positions, you may know what type of background many of your applicants routinely have. You may estimate the number of positions that you would like to have in each of the categories. However, please be aware that once grant funds are allocated under the salary subsidy, no requests for an increase in the number of positions or total amount awarded will be considered. *This field will automatically populate when you complete the "Salary Schedule" form. You will not be able to enter data into this field. (Note: This number is your committed number of net, new employees that you will be required to hire as a result of this project, even if it is above the minimum required for the grant.)*

Minimum Rates – Please select from the drop-down menu. In order to be eligible for salary subsidy assistance, you must pay the rates no less than the amount shown above. Please select "Yes" or "No".

Beyond Grant Period – Please select from the drop-down menu. In order to be eligible for salary subsidy assistance, you must pay the rates shown above after the grant period expires. Please select "Yes" or "No".

Amount that you are permitted to apply for – *This field will automatically populate when you complete the "Salary Schedule" form. You will not be able to enter data into this field.*

The entire amount of the employee's salary will not be reimbursed. While not exact, you can estimate that for employee's possessing the following credentials, the reimbursement will be roughly the amount noted below:

- *Technical Certificate – approximately \$2.40/hour (equals \$5,000/year)*
- *Associate's Degree – approximately \$2.88/ hour (equals \$6,000/year)*
- *Bachelor's Degree – approximately \$3.36/ hour (equals \$7,000/year)*

Form 4

All three pages of Form 4 are REQUIRED for each application.

Current Number of Students – Please enter the total current number of students for which you currently provide care at the facility where you are seeking grant funding.

Total Number of Students – Please enter the total number of students you anticipate providing care for through this project. *(Note: This number is your committed number of new spaces for children from birth to three years of age, even if above the minimum required for the grant.)*

Current Number of Teachers – Please enter the total current number of teachers at the facility for which you are seeking grant funding. Please include only teachers; do not include additional staff.

Total Number of Teachers – Please enter the total number of teachers you anticipate providing care for students at the facility for which you are seeking grant funding. Remember, recipients are required to increase the number of students cared for by at least 2 net new full-time teachers. *(Note: This number is your committed number of net, new employees that you will be required to hire as a result of this project, even if it is above the minimum required for the grant.)*

Description of the Project – Please provide complete information about all aspects of your project. The narrative should contain information about activities to be undertaken, the need for these activities, costs, timelines, and other relevant information to clearly convey your project to the review panel. Specific information will allow the review panel to fully understand your project.

Where will the project take place? – Please provide the physical address where the project will take place. Be sure to include information about co-located facilities, if applicable. Unannounced site visits during the review process are possible; therefore, please be sure information is accurate.

Timeline for implementation – Please provide information about when each element of your application will be completed. (For example, equipment purchase – Jan.; installed/in use – Feb.)

Individual(s) or entity responsible for implementation? – Please provide information on the capabilities of the individual(s) or entity who will be implementing this project.

Explain the capabilities of individual(s) or group responsible for operating the facility – Please provide the review panel with information about who will be operating the facility. This includes ownership and management to show how you are capable of operating a child care facility.

Explain how you will become 3-Star Quality Rated – Please provide information indicating your plan to become (or retain) 3-Star Quality Rated within one year of the grant award, and how this grant will help you achieve that goal. Those 1-Star facilities applying, should include information on when they will apply for a higher rating.

Describe how you plan to achieve family engagement, community involvement, collaboration with other child care facilities, and volunteer initiatives following receipt of grant funds – Caring for the whole child does not begin as the child enters the facility in the morning and end when they walk out of the facility in the afternoon; it involves many partners. Please show how your facility does/will reach out to partners to ensure that the needs of children in your care are fully met.

Describe your plan for recruiting new families to reach your target for additional students served while maintaining current enrollment. This grant is intended to provide additional capacity for serving new participants while maintaining (or improving) the existing level of service for existing participants. Explain how your facility will expand service while ensuring that existing participants remain well-served.

How do you intend to ensure that you will serve high-needs children, especially those receiving a CAPS subsidy? – Please provide information that shows the application review panel that you have a plan to serve high-needs children. Serving children receiving a CAPS subsidy is required.

Construction Costs? – Even though it is not eligible under the grant, please identify whether you will purchase, construct, or renovate real estate and estimate the total cost of these activities.

Describe extenuating circumstances necessitating higher grant amount? – Applicants are encouraged to request up to, but no more than, \$100,000 for their project. However, if extenuating circumstances exist, please provide this information for the review panel to consider. *A prioritized schedule of project costs where grant funding is requested is REQUIRED.*

Project Budget Request

The Project Budget Request is required of ALL applicants.

The Project Budget Request form is in Excel format and is divided into two sections – Uses of Funds and Sources of Funds. The Uses of Funds will show where money will be spent during this project. The Sources of Funds will show where the money is coming from to pay the Uses of Funds. The Sources of Funds and the Uses of Funds MUST match.

Cells are programmed to calculate certain values that are entered to ensure that no mathematical errors occur. All Uses of Project Funds will be drawn directly from the information you include within the application (and from the “Salary Schedule” form if applying for a salary subsidy). **You will not be able to alter the numbers under Uses of Funds. Please understand that you are only allowed to enter data in certain cells, which are colored gray.**

If you have Conventional Financing (bank, credit union, etc.) in the Sources of Funds associated with this project, you must have a letter from an appropriate officer of that institution committing those funds. If equity is included in the funding stream, a letter from the individual responsible for committing that capital investment into the project is required. If other funding is applicable, a letter of commitment is required from all sources of funds. Note: If “other” funds are used in the project, a description of those funds must be entered into the box at the bottom of the Project Budget Request.

Should there be a project element with no Source of Funds, please enter “\$0” in the appropriate space.

Under Sources of Funds, please observe the following elements:

Requested Grant Funding – Please enter the amount of grant funding for which you are applying under each element. The salary and equipment boxes are automatically calculated based upon your answers to the questions in the application forms. The total at the bottom of this column will be the amount of grant funding that you are requesting.

Conventional Financing – Please enter the amount of conventional financing that you will use for this project. Conventional financing can be through a bank, credit union, or other source. In this section, you should ensure that you have identified which components the conventional financing will pay. Additionally, you will be required to have a commitment letter from a lender should you identify funds coming from conventional financing.

Equity – Please enter the amount of equity that the owner will inject into this project. Equity financing must be documented through a commitment letter that should accompany your application.

Other – Please enter the amount of any other financing that you will use for this project. Other financing can be through a number of different sources. However, for any “other” financing identified, an explanation should be entered in the box at the bottom of the “Project Budget” form. A letter of commitment from any and all sources should be included with your application.

Note: Construction costs are not eligible under this grant program. However, you are encouraged to include cost estimates in the budget in order to show the overall project cost (including construction & renovation) compares to the funding being requested through the grant program.

Application Checklist

This form should be submitted with your application. The primary role of the checklist is to serve as a guide for you to ensure that you have included all required documentation with your application. The information that you enter into the application will cause certain fields to be populated, showing you the exact forms that will be needed to complete your application.

You should complete the entire application, the budget, and the salary schedule before referring to the application checklist. When you have completed all three documents, the Application Checklist will guide you to put together all elements.

Please check the boxes to show what information you have included in your submission.

The application review panel reserves the right to request additional information if it so desires to ensure that it can adequately review all applications. Your application may not be considered if you fail to submit a complete application or omit required information.

Questions regarding application development and submission should be directed to Anna Hensley, Georgia Department of Community Affairs, at (404) 679-4912.

Helpful Hints for Preparing a Successful Grant Application

- Complete and submit ALL required forms.
- Add supporting documentation that will provide more clarity if needed.
- Be sure your grant request does not exceed the amount of eligible expenses associated with your project. (i.e. If your project has \$80,000 of documented eligible expenses shown, do not request \$100,000.) Additionally, don't assume the review panel will be able to read your mind. Clearly explain all facets of your project.
- Ensure that the timing of your facility's needs is considered. If you are requesting equipment funding, it is likely that these funds will be available considerably before salary subsidy funding is available.
- If you are starting a new facility, provide a pro forma to show how you have identified that your proposed facility is financially viable.
- If this will be a new facility for you, we request proof that you own the location, have an executed lease agreement, or a draft lease agreement with the parameters spelled out by the property owner. If you have none of these, please include a statement about how you intend to secure a location. Do not make the review panel assume anything about your location.
- Include cost estimates for any equipment that you would like to purchase with grant funds. Multiple quotes are always helpful.
- Understand that reviewers will evaluate the size of the facility to ensure that you have the capability to expand your program based upon the information you include in the application. REMEMBER – you will be required to adhere to commitments made in your application (and the subsequent grant award agreement, if your application is successful) or you will be required to repay grant funding.
- View the webinar that is located at the following address to find additional helpful hints.
[\(insert link for webinar\)](#)
- IF YOU HAVE QUESTIONS, ASK!!!